

FOOD SERVICE REQUEST

Incident Name _____ Management/Fiscal
Code _____

Resource Order No. _____ Request No. _____
Date _____

Number of Meals

1. Date of first meal _____ Time of first meal _____

2. Estimated number for the first three meals (minimum guarantee is based on these estimates):

1st Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ Dinner

2nd Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ Dinner

3rd Meal _____ ☐ Breakfast ☐ Sack Lunch ☐ Dinner

II. Location

Reporting location _____

Contact person _____

Contracting Officer's Technical Representative _____

III. Support Information for Contractors

Nearest potable water _____

The benefiting unit is responsible for providing the following services:

- | | | |
|------------------|------------------------------------|----------------------------------|
| 1. Potable water | 2. Gray water pumper (optional) | 3. Department of Health notified |
|------------------|------------------------------------|----------------------------------|

Incidents requesting potable water tenders, gray water tenders, or refrigerated storage vans must
assign new request numbers for each resource ordered.

IV. Estimated Duration / Needs

1. Anticipated duration of incident _____

2. Number of personnel at peak of incident _____

3. Spike Camps? ☐ No ☐ Yes Number _____ No. of meals per camp per day _____

V. Additional Information

Contact _____

Telephone _____

